

KANSAS MEDICAID STATE PLAN

S. .tute per letter dated 3/25/99 "Replacement Page
Attachment 3.1-A
#5.a., page 1

Physicians' Services Limitations

Visits

1. Office visits are limited to a maximum of twelve per calendar year per consumer. Nonemergency visits to a general hospital outpatient department in place of a physician's office, count against this limitation. Office visits are not covered when the only service provided is an injection or other service for which a charge is usually not made.
2. Hospital visits are limited to one per day of Medicaid-covered stay per consumer.
3. Nursing facility visits are limited to one per month per consumer unless there is a medical necessity for more.
4. See Attachment 3.1-A, #4.b. for physician visit service limitations for children under 21 years of age.

Consultations

1. Consultations without a written report are noncovered.
2. Inpatient hospital consultations are limited to one per ten day period unless there is medical necessity for more.
3. Other consultations are limited to one per condition every 60 days unless there is medical necessity for more.

Surgery

1. Only medically necessary surgical procedures are covered with the exception of sterilizations.
2. Abortions, family planning services and sterilizations are covered in accordance with current federal regulations. Reverse sterilizations are noncovered.
3. Experimental, pioneering and cosmetic surgeries are noncovered.
4. Transplant surgery is limited to corneal, kidney, heart, bone marrow, liver, lung, and combined heart/lung transplants and related services. Procurement of an organ is covered.
5. Surgical assistant services are noncovered when surgery is determined not to require an assistant.
6. See Attachment 3.1-A, #4.b. for physician surgery service limitations for children under 21 years of age.

Concurrent Care

1. Concurrent care services are covered if the consumer has two or more diagnoses involving two or more systems, and if rendering quality care required the special skills of two or more physicians.

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Attachment 3.1-A
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Physicians' Services Limitations

Psychiatric Services

1. Psychotherapy is limited to a total of 32 hours per calendar year. Psychotherapy is noncovered when provided concurrently by the same provider with both targeted case management services and partial hospitalization activity, and brief therapy for crisis or continuing evaluation purposes.
2. Psychotherapy is noncovered on days that a hospital visit is claimed or on days that electroshock treatment is given.
3. Electroshock is limited to twelve inpatient treatments per month and six outpatient treatments per month.
4. Evaluation is limited to two six hours per two calendar years per consumer.
5. See Attachment 3.1-A, #4.b. for physician psychiatric service limitations for children under 21 years of age.

Other Services

1. Eye exams are limited to once every four years excepting:
 - Post cataract surgery consumers within one year of surgery
 - Eye exams required for the treatment of medical conditions (two exams a month are covered)
2. Physician assistant services are limited to those allowed by State law.
3. Inpatient services provided on medically unnecessary days as determined by utilization review are noncovered.
4. See Attachment 3.1-A, #4.b. for other physician service limitations for children under 21 years of age.

Substitute per letter dated 6/28/93

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#5.b.

Limitations of Medical and Surgical Services
Furnished by a Dentist (in accordance
with Section 1905(a)(5)(B) of the Act)

Medical and surgical services furnished by a dentist to non-Kan Be Healthy (EPSDT) program participants shall be limited to:

- a) Oronasal fistula closure;
- b) unilateral radical antrotomy;
- c) biopsy of oral tissue;
- d) radical excision of lesion;
- e) excision of tumors;
- f) removal of cysts and neoplasms;
- g) partial osteotomy, guttering or saucerization;
- h) surgical incision for drainage of abscess, removal of foreign bodies, skin, subcutaneous areolar tissue, metal plates, screws or wires, sequestrectomy for osteomyelitis, and maxillary sinusotomy for removal of tooth fragment or foreign body;
- i) treatment of fractures;
- j) closed reduction of dislocation, limitation of motion and related injections;
- k) sutures;
- l) oral skin grafts;
- m) frenulectomy;
- n) excision of pericoronal gingiva;
- o) sialolithotomy;
- p) excision of salivary gland;
- q) sialodochoplasty;
- r) closure of salivary fistula;
- s) emergency tracheotomy;
- t) first 30 minutes of general anesthesia, including materials and apparatus;
- u) professional visits of consultation and hospital call; and
- v) limited prior authorized medical procedures.

Substitute per letter dated 11/13/96"

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#6.a.

Podiatric Services Limitations

Services are limited to:

1. Two nursing facility and ICF/MR visits per calendar year unless medical necessity justifies more; and
2. Those body parts below the ankle.

Routine foot care is noncovered.

See Attachment 3.1-A, #4.b. for Podiatric service limitations for children under 21 years of age.

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Attachment 3.1-a
#6.b.

Optometric Services Limitations

1. Optometric examinations are limited to one complete exam every four years. *
2. Two partial exams per month are covered for the treatment of medical conditions.
3. Post-cataract surgery exams are covered, as needed, up to one year following the surgery.
4. Vision therapy is noncovered.
5. Medical care by optometrists is covered according to Kansas licensure limits.

* includes eyeglasses per Thelma B - KS SRS medical
9/28/98 (785) 296-7222

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Attachment 3.1-A
#6.c.

Chiropractic Services Limitations

Services are limited to one chiropractic history and physical per calendar year unless medical necessity justifies more.

Collection and handling of a laboratory specimen for transfer to a laboratory is noncovered.

See Attachment 3.1-A, #4.b. for Chiropractic service limitations for children under 21 years of age.

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Attachment 3.1-A
#6.d.

Other Practitioners' Services Limitations

Psychologists

1. Psychotherapy is limited to a total of 32 hours per calendar year. Psychotherapy is noncovered when provided concurrently by the same provider with both targeted case management services and partial hospitalization activity, and brief therapy for crisis or continuing evaluation purposes.
2. Inpatient hospital visits are limited to those ordered by the consumer's physician, and may not exceed those Medicaid covered days of hospital stay.
3. Visits to nursing facilities are noncovered except that visits to ICFs/MH are limited to testing, evaluation, consultation and therapy. Visits to ICFs/MR are limited to testing and evaluation.
4. Testing and evaluation are limited to four hours per consumer in two consecutive years.
5. Partial hospitalization activity or medication group, or a combination of the two, are limited to 1560 hours per consumer per calendar year.
6. See Attachment 3.1-A, #4.b. for Psychological service limitations for children under 21 years of age.

Advanced Registered Nurse Practitioners

1. Anesthesia services are limited to those provided by certified registered nurse anesthetists.
2. Obstetrical services are limited to those provided by nurse-midwives.
3. Other services are limited to those in Attachment 3.1-A, #5, Physicians' Services Limitations.
4. See Attachment 3.1-A, #4.b. for Advanced Registered Nurse Practitioners' service limitations for children under 21 years of age.

DEC 13 1996

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#7.a.

Home Health Nursing Limitations

1. All nursing services provided by the registered nurse, including prefilling insulin syringes when determined to be necessary and instilling eye drops, after the ten day Medicare limit is exhausted are included.
2. Psychiatric nursing services are restricted to the homebound.
3. DME services provided for parenteral administration of total nutritional replacements and intravenous medications in the recipient's home require the participation of nursing services from a local home health agency. In areas not served by a home health agency, the services of a local health department or advanced registered nurse practitioner are required.
4. Attendant care for independent living is supervised by a registered nurse, and it requires prior authorization.

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Attachment 3.1-A
#7.b.

Home Health Aide Services Limitations
Provided by a Home Health Agency

Home health aide services are limited to one visit per day per recipient, and do not require physician orders.

Home health aide services are noncovered on the same date of service as restorative aide services for the same recipient.

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Home Health Services Limitations

Durable Medical Equipment (DME)

The equipment must be reasonable, necessary and the most economical for the treatment of the patient's illness or injury or to improve the functioning of a malformed body member and be appropriately prescribed by a qualified physician. The equipment must be used in the patient's home, except as specified in #4 below. Medical necessity or prior authorization documentation is required for the majority of covered DME items. Provision of DME shall be limited to:

1. Consumers requiring DME for life support;
2. Consumers requiring DME for employment;
3. Consumers who would require higher cost care if the DME were not provided; or
4. Consumers residing in nursing facilities who require prior authorized special use equipment.

See Attachment 3.1-A, #4.b. for DME service limitations for children under 21 years of age.

Certain DME specified by Adult and Medical Services shall be the property of SRS. DME and appliances provided as a home health service must be rented. Used equipment with a warranty specified by Adult and Medical Services is used when available. Repair of purchased DME items shall be limited to 75% of the actual purchase price and shall be paid to a supplier.

The least expensive and most appropriate method shall be used for delivery of the equipment. Delivery in excess of 100 miles roundtrip must be prior authorized.

Educational, environmental control and convenience items are noncovered services.